



QUICK FACTS
ABOUT
ALCOHOL, OTHER
DRUGS, AND
PROBLEM
GAMBLING

NINTH EDITION



Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

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PREFACE

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Quick Facts provides easy-to-read answers to frequently asked questions about alcohol, other drugs, problem gambling and related issues in Alberta. It does not intend to be the last word, but rather a starting point for learning more about these issues.

TABLE OF CONTENTS

Alcohol

What is alcohol?	1
What happens to alcohol in the body?	1
Are there differences in how alcohol affects men and women?	1
What are the immediate effects of drinking alcohol?	2
What is low-risk drinking?	3
Is drinking good for your health?	4
What are the long-term effects of chronic alcohol abuse?	4
What is the difference between problem drinking and alcoholism?	6
How many alcoholics are there in Alberta?	6
Is alcoholism a disease?	7
What are the warning signs of a drinking problem?	7
Is problem drinking hereditary?	8
Do certain types of people develop alcohol-related problems?	8
Does the type of alcohol consumed affect the chance of developing problems?	8
What are alcohol-related birth defects?	8
What is fetal alcohol syndrome or FAS?	9
How much alcohol can a pregnant woman safely drink?	9

Adolescents and Alcohol

What is the legal drinking age across Canada?	10
What is AADAC's position concerning the legal drinking age?	10
What is the trend in drinking among teens?	10
Are there differences in the treatment needs of adolescents and adults?	11

Impaired Driving

What are the drinking and driving laws in Canada?	12
What are the penalties for drinking and driving offences that cause bodily harm?	13
What are the penalties for drinking and driving offences causing death?	13
In Alberta, how many traffic collisions involving injuries are alcohol-related?	13

In Alberta, how many drinking teenage drivers are involved in casualty collisions?	13
How many impaired driving charges are laid each year in Alberta?	14

Alcohol Consumption and Sales

How much do Albertans drink?	15
How much do Albertans spend on alcohol?	16
How much alcohol is sold each year in Alberta?	16

The Family and Problem Drinking

What is the impact of living in a family with an alcohol-dependent person?	17
How does alcoholism affect the family?	17
How does alcoholism affect the children?	17
How does alcoholism affect the spouse?	18
Should the family of an alcoholic seek help?	18
Is help available for the family of an alcoholic?	19
Is legal protection available to the family of a problem drinker?	19

Social Costs of Substance Abuse

How many deaths are related to substance abuse?	21
What are the economic costs of substance abuse?	21
What types of costs are associated with workplace substance abuse?	22
How many hospitalizations are related to substance abuse?	22
How does substance abuse affect legal costs and crime?	23
What other costs are associated with substance abuse?	25

Cannabis

What are the short-term effects of cannabis use?	26
What are the long-term effects of cannabis use?	26
How many people use cannabis?	27
What is the law in Canada concerning cannabis?	28
How many drug offences are cannabis-related?	28
What is AADAC's policy concerning cannabis?	28

TABLE OF CONTENTS

Tobacco

What is in a cigarette?	29
What are the short-term effects of smoking tobacco?	29
What are the long-term effects of smoking tobacco?	30
What are the fetal effects of smoking tobacco?	30
What is environmental tobacco smoke (second-hand smoke)?	30
What is passive or involuntary smoking?	31
What are the risks associated with passive smoking?	31
How many deaths are related to smoking tobacco?	31
What is the trend in tobacco use?	32

Cocaine

What is cocaine?	33
How is cocaine used?	33
What are freebase and crack cocaine?	33
What are the short-term effects of cocaine use?	33
What are the long-term effects of cocaine use?	34
Is crack more dangerous than powdered cocaine?	34
Is cocaine addicting?	35
How many people use cocaine?	35
How many drug offences are cocaine-related?	35

Caffeine

What is caffeine?	36
How much caffeine do various products contain?	36
What are the short-term effects of caffeine use?	36
How much caffeine is too much?	37

Solvents/Inhalants

What types of products contain solvents or inhalants that are abused?	38
What are the short-term effects of solvent or inhalant use?	38
What are the long-term effects of solvent or inhalant use?	38
Can solvent or inhalant use be fatal?	39
Who uses solvents or inhalants?	39
What is methyl alcohol?	39

Other Drugs

What are amphetamines?	41
What are tranquillizers?	41
What are barbiturates?	42
What are steroids?	43
What is ecstasy (MDMA)?	43
What is LSD?	44
What is heroin?	45
How many drug offences are heroin-related?	46
What is methadone?	46

Problem Gambling

How many Albertans gamble?	47
What is problem gambling?	47
How many problem gamblers are there in Alberta?	48
How many teens in Alberta gamble?	48
What is the legal gambling age in Alberta?	49
How many people have a problem with video lottery terminals (VLTs)?	49
What are the warning signs of a gambling problem?	49
How much revenue does the Alberta government get from gambling?	50

AIDS

What is AIDS?	51
How is HIV transmitted?	51
Who is at risk for contracting HIV infection?	51
How many AIDS cases have been reported?	52
How can AIDS be treated?	52

Treatment and Prevention of Substance Abuse and Gambling Problems

What is AADAC's treatment and prevention philosophy?	53
How are AADAC services organized?	53
What services does AADAC offer?	54
What is Alcoholics Anonymous?	55
Is it helpful to force someone into treatment for alcohol, other drug or gambling problems?	55
Is abstinence the only answer to alcoholism?	55

LIST OF TABLES

Table 1: Per Capita Consumption of Alcohol for Albertans 15 Years or Older	15
Table 2: Proportion of Canadians Who Smoke	32
Table 3: Problem Gambling Prevalence Among Adult Albertans (18 Years and Older)	48
Table 4: Prevalence of AIDS as of June 2000	52
Table 5: Summary of Services for AADAC and Its Funded Agencies for 1998/99	54

ALCOHOL

What is alcohol?

◆ Alcohol is a beverage made by fermenting or distilling grains and fruit. A glass of wine, a bottle of regular beer and 1.5 ounces of hard liquor all have the same amount of alcohol (or ethanol), and act the same in your body.

What happens to alcohol in the body?

◆ Alcohol is absorbed partially through the stomach and mainly through the intestine into the bloodstream. Once there, alcohol is carried to all parts of the body, reaching the brain almost immediately. It freely crosses the placenta between a pregnant woman and her fetus.

◆ The alcohol continues to circulate in the bloodstream until the liver breaks it down. It leaves the body through breath, sweat and urine. The liver breaks down, or metabolizes alcohol at a constant rate. It takes between one and two hours for an adult to metabolize a standard drink.

Are there differences in how alcohol affects men and women?

◆ Yes. Women tend to feel the effects of alcohol more quickly, and suffer liver, heart and brain damage sooner than men do. Generally women have a higher ratio of body fat to water than men do. Alcohol does not dissolve in fat the way it does in water. Since women have less water in their body in which to dilute alcohol, they are more affected by it than men are.

◆ Women also have different levels of enzymes that affect alcohol's absorption and metabolism. These differences may help explain why it generally takes less alcohol to harmfully affect a woman than it does to harm a man.

ALCOHOL

What are the immediate effects of drinking alcohol?

◆ The short-term effects of drinking depend on how much alcohol is in the bloodstream. The amount of alcohol in the blood is called the **blood alcohol concentration (BAC)** or **blood alcohol level (BAL)**. BAC depends on many factors, including how much and how quickly alcohol is consumed, the drinker's size and gender, and whether there is food in the stomach. For example, a small woman who quickly has three drinks on an empty stomach will have a much higher BAC than a large man having three drinks while eating dinner.

◆ At a BAC of **.04** most people begin to feel relaxed, happy, and less self-controlled. Although small amounts of alcohol usually produce feelings of relaxation and well-being, the drinker's mood and environment can greatly affect his or her emotional response. Alcohol can also deepen feelings of depression and anger. Even though alcohol is a central nervous system depressant, early effects of drinking may include increased activity and decreased inhibition. These effects result from a depression of brain centres that control behaviour. Even at low BACs, reaction times, dexterity and perception of distance and pain can be impaired.

◆ At a BAC of **.06**, judgment is impaired and people are less able to make rational decisions about their capabilities. Slurred speech and coordination can also occur. Emotions may be exaggerated. A criminal charge can be laid if someone with a BAC of **.06** is driving in an impaired manner. Operating machinery can be dangerous. At **.08**, drinkers have greater perception, judgment and coordination problems. They are legally impaired and may not operate motor vehicles.

◆ At a BAC of **.10**, judgment, coordination, reaction time and memory are even more impaired. By **.30**, loss of consciousness may occur, and above **.40**, breathing may stop and death can result.

◆ Heavy drinkers who have developed tolerance to alcohol's effects may not react to the same degree. But tolerance to large amounts of alcohol is an early warning sign for alcohol dependence.

What is low-risk drinking?

◆ Most Canadian adults are responsible drinkers who drink at safe levels that do not cause problems. This is called "low-risk drinking." Research and clinical experience have shown that heavy drinking greatly increases the risk of injury, health and social problems, and alcohol dependence (alcoholism).

◆ The definition of "low-risk" and "high-risk" drinking for individuals and society has been debated for a long time. After years of clinical research, however, the Addiction Research Foundation in Ontario developed the following recommended **Guidelines on Low-risk Drinking**.

- Limit your weekly intake to 14 standard drinks for men and nine standard drinks for women. All standard drinks have the same amount of alcohol. A standard drink is defined as:
 - one 341-ml (12-oz) bottle of beer (5% alcohol)
 - one 142-ml (5-oz) glass of table wine (12% alcohol)
 - one 85-ml (3-oz) glass of fortified wine (like sherry)
 - one 43-ml (1½-oz) shot of liquor (40% alcohol)
- Drink no more than two standard drinks on any day. When this level is exceeded, take precautions to avoid injuries and other problems.
- Drink slowly to avoid intoxication. Wait at least one hour between drinks and take alcohol with food and non-alcoholic beverages.

Those who should not use alcohol, or should drink less than these maximum amounts include:

- people with certain health problems, like high blood pressure, liver disease or mental illness

ALCOHOL

- people taking certain prescription and over-the-counter medications, like sedatives, sleeping pills, pain killers, and cough/cold medicine
- people with a personal or family history of serious drinking problems
- women who are pregnant, are trying to conceive or are breast feeding
- people who are operating vehicles such as automobiles, motorcycles, boats, snowmobiles, all-terrain vehicles or bicycles
- people who need to be alert — for example, while working with machinery or dangerous equipment, while engaging in challenging physical activities or when responsible for the safety of others or public order.

Is drinking good for your health?

◆ Low-risk alcohol use can help prevent some types of heart disease. Doctors, however, do not generally recommend that people start drinking for these beneficial effects, which can also be achieved through less risky methods like increased exercise, improved nutrition, and smoking cessation. Drinking more than moderate amounts can contribute to serious injury and disease.

What are the long-term effects of chronic alcohol abuse?

- ◆ Heavy long-term drinking damages the stomach lining, which leads to vomiting, diarrhea, abdominal pain, and internal bleeding. It makes ulcers worse. Decreased appetite can lead to malnutrition.
- ◆ Blackouts may occur from the effect of alcohol on the brain. Blackouts are periods when a person is conscious and functioning, but is later unable to recall what he or she did or said.
- ◆ Chronic alcohol abuse damages the brain, causing problems with memory, judgment and abstract thinking. If drinking stops, some of

these problems can be reversed. Heavy drinking and inadequate nutrition, especially vitamin B1 deficiency, can result in **Wernicke's** encephalopathy, causing drowsiness, confusion, difficulty walking, and abnormal eye movements. If this is untreated, **Korsakoff's** syndrome develops, resulting in a lack of short-term memory, poor coordination and serious disorientation. Many Korsakoff's patients make up stories that have no basis in fact. Most require institutionalization.

- ◆ Heavy drinking raises blood pressure and interferes with blood clotting, which increases the risk for hemorrhagic stroke. Heavy drinking also damages the heart muscles and causes irregular heartbeat, which can result in sudden death.
- ◆ In men, heavy alcohol use can cause impotence, reduced testicle size, loss of body hair, and breast growth. In women, it can cause menstrual irregularities and infertility.
- ◆ Alcohol use increases the risk of cancer of the mouth and throat. The risk of these cancers is greatly increased if the drinker also smokes. It is also associated with cancer of the liver, pancreas, stomach, large intestine, rectum, and breast.
- ◆ Alcohol is especially harmful to the liver. An early symptom of alcohol abuse is the accumulation of fat in the liver. If drinking continues, alcoholic hepatitis (serious liver inflammation) results. These two conditions are reversible if drinking stops. Continued drinking leads to alcoholic cirrhosis, a chronic inflammatory disease in which liver cells are replaced by scar tissue. Cirrhosis is a leading cause of death among chronic alcohol abusers.
- ◆ Chronic drinking reduces bone density and defences against infectious diseases such as pneumonia and tuberculosis.
- ◆ Heavy use of alcohol can induce serious depression. Alcoholics commit suicide at six times the rate of the average population.
- ◆ Chronic alcohol abusers develop tolerance to large amounts of alcohol. This means they must consume increasingly harmful amounts

ALCOHOL

of alcohol to achieve the desired effects. Eventually physical dependence occurs as the body gets used to having alcohol in the system.

- ◆ Withdrawal occurs if intake is suddenly stopped. Symptoms may include loss of appetite, nausea, anxiety, sleeplessness, irritability, confusion, sweating and tremors (shakes). Convulsions and hallucinations may occur. Delirium tremens (DTs) is the most severe effect, and is characterized by extreme agitation and disorientation, high body temperature, accelerated heart rate and terrifying hallucinations (seeing or feeling things such as bugs crawling on skin).

What is the difference between problem drinking and alcoholism?

- ◆ The two terms are often used to mean the same thing when referring to a person with alcohol-related problems. "Problem drinking" may have less stigma and fewer negative connotations than the word alcoholism. Problem drinking is sometimes used if a person has less advanced problems and can still choose how much to drink. Alcoholism can be defined as an ongoing inappropriate use of alcohol, which causes increasingly serious problems in a person's physical or mental health, or work, family, social or spiritual life.

- ◆ In general, if alcohol use is negatively affecting any aspect of a person's life, then that person is a problem drinker.

How many alcoholics are there in Alberta?

- ◆ An answer to this question is very complex. Any method used to calculate the number of alcoholics is just an estimate.

- ◆ One method is to estimate the risk people have of developing problems based on how much they drink. In general, we know that about 5% of adult Canadians drink enough to put them at high risk of becoming dependent on alcohol. Based on 1999 population figures, approximately 140,000 Albertans are at risk of becoming dependent on alcohol.

◆ More recently, Health Canada assessed alcohol dependence using a set of nine questions that reflect psychiatric diagnostic criteria (DSM-III-R). Based on the results from the 1996/97 National Population Health Survey, an estimated 438,000 (1.9%) Canadians reported a level of alcohol use suggestive of dependence. In Alberta, comparative figures show 2.1% of the population (age 15 and older) or 57,000 Albertans reporting a level of alcohol use suggestive of dependence.

Is alcoholism a disease?

◆ Defining alcoholism as a chronic, progressive disease was an important step in facilitating treatment of alcohol abusers. Rather than being viewed as a moral weakness or personal inadequacy, alcoholism could be seen as a treatable condition.

◆ Looking beyond the disease concept, alcoholism can be viewed more broadly as a complex condition with psychological, social, and medical aspects.

What are the warning signs of a drinking problem?

◆ *Loss of control:* going beyond your limits, drinking more often, gulping drinks, secret drinking.

◆ *Loss of power over your life:* problems with friends, family, work, school, finances or legal matters as a result of drinking.

◆ *Emotional problems:* anxiety, guilt, or depression over alcohol use.

◆ *Physical symptoms:* hangovers, blackouts, and gastrointestinal problems.

Is problem drinking hereditary?

◆ Many factors contribute to alcohol problems, including the genetic and psychological make-up of the individual as well as cultural and sociological factors.

ALCOHOL

- ◆ Studies have shown that alcoholism runs in families. Children of alcoholics have a greater risk of developing alcohol-related problems. However, these findings do not prove that alcoholism is inherited, since **both** the environment **and** genetic factors contribute to the development of alcohol abuse.
- ◆ The current thinking is that heredity does play a role in the development of alcoholism in some people. But alcoholism *per se* is not thought to be inherited. Rather it is an underlying susceptibility that seems to be inherited. Additional research is needed to determine how, and for which people, heredity affects the development of alcoholism.

Do certain types of people develop alcohol-related problems?

- ◆ Anyone who drinks can become alcoholic. It is not possible to reliably predict, on the basis of any single factor, which of us will develop alcohol-related problems.
- ◆ Studies of adopted children with a birth parent who was alcoholic show that heredity plays a role in the development of alcoholism for some people.

Does the type of alcohol consumed affect the chance of developing problems?

- ◆ No. The form of alcohol makes no difference. The eventual effect of the pure alcohol contained in all types of alcoholic beverages is the same. The amount of pure alcohol in a 12-ounce (341-ml) bottle of regular beer, 1.5 ounces (43 ml) of distilled spirits or a 5-ounce (142-ml) glass of wine is the same.

What are alcohol-related birth defects?

- ◆ "Alcohol-related birth defects" (ARBD) is a general term used by researchers and physicians to refer to the entire range of physical abnormalities and problems in functioning caused by exposure to

alcohol in the womb. It is not a diagnosis; it is simply a term to capture the broad range of effects resulting from damage to the fetus when the mother drinks. ARBD covers many different types of effects including very severe effects, such as miscarriage and stillbirth, as well as FAS (a specific type of ARBD), and other effects that cannot be fully classified as FAS, such as behavioural problems or learning disabilities.

◆ Except for FAS, it is almost impossible to conclusively identify an ARBD because the different physical or behavioural problems related to drinking during pregnancy may also be caused by other factors. However, being aware of ARBD is important, as these birth defects are highly preventable.

What is fetal alcohol syndrome or FAS?

◆ Fetal alcohol syndrome (FAS) is a term used to describe a set of symptoms seen in some children born to women who drank alcohol during pregnancy. Alcohol easily crosses the placenta and affects the development of the fetus.

◆ FAS should only be diagnosed by a specially trained doctor.

◆ Infants with FAS are smaller than other newborns and have different facial features such as flat noses and small eyes. They also have some brain damage that usually results in mild to severe mental retardation.

How much alcohol can a pregnant woman safely drink?

◆ No safe limit of alcohol consumption by a pregnant woman has yet been established. Most experts recommend that women abstain from alcohol during pregnancy.

ADOLESCENTS AND ALCOHOL

What is the legal drinking age across Canada?

- ◆ In Alberta, Manitoba and Quebec the legal drinking age is 18 years. In all other Canadian provinces and territories, the legal drinking age is 19.

What is AADAC's position concerning the legal drinking age?

- ◆ AADAC supports retention of a legal drinking age of 18 in Alberta.
- ◆ The concerns around raising the legal drinking age are complex and do not lend themselves to easy resolution by any single measure. Research on the effects of raising the legal drinking age in other jurisdictions has produced mixed and inconclusive results.
- ◆ It would be inconsistent to increase the legal drinking age without considering the general age of majority.

What is the trend in drinking among teens?

- ◆ According to a study done in 1995, 55% of Alberta adolescents (aged 12 to 17) had consumed alcohol at least once in the previous year.
- ◆ In terms of how often teens drink, this same study found that most adolescents used alcohol relatively infrequently (less than once per month). Seven per cent (7%) reported that they drank once a week or more.
- ◆ As well, the study found a similar proportion of male and female teens reporting alcohol use, although males tended to consume more alcohol per drinking session.

Are there differences in the treatment needs of adolescents and adults?

- ◆ Like adults, teens face the challenge of developing skills and abilities needed to manage their lives successfully without depending on alcohol or other drugs.
- ◆ Teens may not have as long a history of heavy alcohol or drug use as some adults, but, because of their age and developmental stage, they may be especially vulnerable to the harmful consequences of such use. Troubled adolescents require programs and staff that are sensitive to their developmental level and the issues that they are facing. These may include issues of identity, independence and peer group membership. Involvement of family or other supportive adults may also be especially important.
- ◆ Although most teens in Alberta are healthy and do not have problems with alcohol or other drugs, 2,960 adolescents were admitted to treatment facilities run by AADAC and its Funded Agencies during 1998/99 (most on an outpatient basis).
- ◆ Specialized treatment services are available in Alberta for teens. Contact your local AADAC office (check the phone book for the office nearest you).

IMPAIRED DRIVING

What are the drinking and driving laws in Canada?

◆ In Canada, it is an offence to operate a motor vehicle if a person's ability to do so is impaired by alcohol or other drugs, or if that person has a concentration of alcohol in the blood exceeding the legal limit.

◆ The legal limit for impaired driving in Canada is .08. A driver is considered legally impaired if there are 80 mg of alcohol per 100 ml of blood in the body. This measurement is called BAC (blood alcohol concentration) and is determined by analyzing breath or blood samples.

◆ The federal government revised the Criminal Code in 1985 to establish minimum penalties that provinces must apply when someone is convicted of impaired driving. In June 1999, penalties for impaired driving were increased with the proclamation of Bill C-82. They are:

- first conviction — minimum fine of \$600 and prohibition from driving for one year
- second conviction — minimum 14 days in jail and prohibition from driving for two years
- third and later convictions — minimum 90 days in jail and prohibition from driving for three years, with a maximum penalty of a lifetime driving ban

◆ The provincial government also has established penalties for impaired driving, other than those outlined in the Criminal Code. Under the Alberta Traffic Safety Act (1999), impaired drivers face the following penalties:

- first conviction — a one-year driver's licence suspension
- second conviction — a three-year driver's licence suspension
- third conviction — a five-year driver's licence suspension

Alberta police forces also have the authority to impose an automatic three-month licence suspension on persons charged with impaired driving, and can seize or impound the suspect's vehicle.

What are the penalties for drinking and driving offences that cause bodily harm?

- ◆ A maximum of 10 years in prison and up to a 10-year prohibition from driving.

What are the penalties for drinking and driving offences causing death?

- ◆ A conviction for impaired driving causing death carries a maximum prison term of 14 years and up to a 10-year prohibition from driving. If criminal negligence is involved, the penalty could be life in prison and a lifetime prohibition from driving.

In Alberta, how many traffic collisions involving injuries are alcohol-related?

- ◆ According to Alberta police collision reports, in 1999, 22.8% of all drivers in fatal crashes had consumed alcohol or were impaired.
- ◆ In that same year, 5.6% of all Alberta drivers involved in serious injury accidents (non-fatal) had been drinking or were impaired.

In Alberta, how many drinking teenage drivers are involved in casualty collisions?

- ◆ Traffic accidents are the leading cause of death among teens. Inexperience, alcohol, and high speeds are all factors that contribute to this result.
- ◆ In Alberta in 1999, 15% of drinking drivers involved in casualty collisions were 19 years or younger.

IMPAIRED DRIVING

How many impaired driving charges occur each year in Alberta?

- ◆ Contrary to popular opinion, adolescents are not more likely to drink and drive. Teens account for about 5% of licensed drivers and about 5% of those charged with impaired driving.
- ◆ In 1999, 12,274 Albertans were charged with impaired driving. Over the past decade, Alberta has consistently had one of the highest rates of impaired driving among all provinces and territories.
- ◆ As a result of an impaired driving conviction, 8,205 Albertans had their driver's licence suspended in 1999/00.

ALCOHOL CONSUMPTION AND SALES

How much do Albertans drink?

◆ In 1996/97, 77% of adult Albertans (15 years and older) were current drinkers, averaging 3.5 drinks per week.

◆ TABLE 1: PER CAPITA CONSUMPTION OF ALCOHOL FOR ALBERTANS 15 YEARS OR OLDER

YEAR	LITRES OF ABSOLUTE ALCOHOL*
1989/90.....	9.8
1990/91.....	9.3
1991/92.....	8.9
1992/93.....	8.5
1993/94.....	8.7
1994/95.....	8.4
1995/96.....	8.2
1996/97.....	8.1
1997/98.....	8.5
1998/99.....	8.7

*The term absolute alcohol refers to pure alcohol, which is not changed by the amount of water or other additives found in different alcoholic beverages in Alberta.

◆ Per capita consumption of alcohol for Albertans 15 years or older decreased from 9.8 litres of absolute alcohol in 1989/90 to 8.7 litres of absolute alcohol—the equivalent of 512 bottles of beer—in 1998/99. Albertans tend to drink more than the national average, which was 7.5 litres per capita in 1998/99.

◆ This figure is an average that has been calculated by pooling statistical information from all Albertans aged 15 years or older; some people drink less or not at all, while others drink more.

ALCOHOL CONSUMPTION AND SALES

How much do Albertans spend on alcohol?

- ◆ In 1998/99, alcohol sales in Alberta totalled 1.2 billion dollars with net revenue to the Alberta government of \$474 million.
- ◆ On average, each Albertan aged 15 years or older spent about \$525 on alcohol in 1998/99. Again, this is an average, and some people spend more on alcohol while others spend less.

How much alcohol is sold each year in Alberta?

- ◆ In 1998/99, over 250 million litres of beer, wine and spirits were sold in Alberta, most of which (208 million litres) was beer.

THE FAMILY AND PROBLEM DRINKING

What is the impact of living in a family with an alcohol-dependent person?

◆ While research has pointed out some negative effects often experienced by individual family members as well as by the family unit as a whole, it is important to realize that these vary from person to person and family to family. It's also important to note that negative effects are not necessarily permanent.

◆ Researchers caution against generalizing about the negative effects of living with an alcohol-dependent person for several reasons. First, it is uncertain whether various problems seen in children of alcoholics remain through to adulthood. Second, few differences have been identified between the effects of living in a family with an alcoholic and those of living in a family with a parent who has another type of problem, such as mental illness. Finally, it is generally found that the negative effects of living with an alcoholic may be offset by protective influences in the family environment, or can diminish after the alcoholic goes into recovery.

How does alcoholism affect the family?

◆ Over time, families tend to develop certain ways of communicating and coping with the alcohol-dependent family member. While these coping strategies may help the family to operate more smoothly and get along better, they may also let the alcohol dependence continue. Unfortunately, substance abuse can also become a way of coping with the stress and problems alcohol abuse has created in the family.

How does alcoholism affect the children?

◆ Alcohol abuse by parents often creates an unstable family environment. Family members are often not very close and do not provide emotional support for each other. As well, parents may not effectively discipline their children or provide them with training in basic life skills.

THE FAMILY AND PROBLEM DRINKING

- ◆ Younger children and teens who grow up with an alcoholic parent may be more likely to show antisocial behaviour and have problems such as delinquency, skipping school, aggressiveness, hyperactivity, and temper tantrums. Adult children of alcoholics may be at higher risk for mental health and behavioural problems including depression, substance abuse, low self-esteem, anxiety, and antisocial behaviour.

- ◆ Adult children of alcoholics may be at higher risk for mental health and behavioural problems including depression, substance abuse, low self-esteem, anxiety, and antisocial behaviour.

How does alcoholism affect the spouse?

- ◆ Among spouses of alcoholics, there is often a tendency to try many different coping strategies as the drinking problems progress and gradually withdraw after repeated attempts to stop their spouse's drinking. The alcoholic and spouse may show little affection for each other, communicate by arguing, and have difficulty resolving problems together.

Should the family of an alcoholic seek help?

- ◆ Because there is a wide range of individual and family reactions to living with an alcoholic person, it is very important to consider each individual's unique situation and to treat the alcohol problems within a family context.

- ◆ Outside help from an individual trained to deal with alcoholism is recommended so that families can learn to interact with each other in healthy ways. Once family members begin relating to each other on the basis of inappropriate roles based on drinking behaviour, it is difficult to change the situation from inside the family system.

Is help available for the family of an alcoholic?

- ◆ Help is available through a number of agencies and organizations, including Al-Anon, Alateen and AADAC.
- ◆ Al-Anon is a group of family and friends of problem-drinkers who have joined together to support and share with each other their experiences in an attempt to gain a better understanding of alcohol-related problems.
- ◆ Alateen is a group similar to Al-Anon, but is for young people aged 12 to 20.
- ◆ Alcoholics Anonymous, a program that is available for the problem drinker, is discussed under the Treatment section of *Quick Facts*.
- ◆ AADAC provides counselling services to families and friends of problem drinkers who are trying to gain an understanding of the process of addiction and their role in it.

Is legal protection available to the family of a problem drinker?

- ◆ The Criminal Code of Canada provides protection to persons who are being physically abused. These provisions include assault charges and peace bonds.
- ◆ A person charged with assault must appear in court to plead guilty or not guilty. Depending on the plea, the case may go to trial and a fine or jail term may be imposed as a sentence.
- ◆ A peace bond is a promise to the court by the abuser to maintain good behaviour. Both partners must appear in court where a judge decides whether a peace bond should be ordered.
- ◆ The Alberta Protection Against Family Violence Act (1998) contains provisions for court-ordered emergency protection for family members who have experienced violence.

THE FAMILY AND PROBLEM DRINKING

- The Act allows for immediate protection of the claimant—spouse, child, other person related by blood, marriage or adoption and living in the same household, government ward in care—without notice to the respondent (family member against whom the order is sought or granted).
- The court order can include provisions for: (1) restraint preventing the respondent from contacting or communicating with the claimant; (2) granting the claimant and other family members exclusive occupation of the residence for a specified period of time; (3) a peace officer to remove the respondent and his/her belongings from the residence; (4) the seizure and storage of any weapons that have been used to threaten or commit family violence; and (5) any other conditions deemed necessary by the judge or designated justice of the peace.

SOCIAL COSTS OF SUBSTANCE ABUSE

How many deaths are related to substance abuse?

◆ Substance-related deaths tend to be under-reported. The primary cause of death may be listed as something other than alcohol, tobacco or illicit drugs (i.e. illegal drugs such as cannabis, LSD, cocaine, heroin) while any of these substances, as a secondary or contributing cause, may not be recorded.

◆ In 1995, there were 42,035 deaths attributable to substance abuse in Canada; 6,503 deaths as a result of alcohol consumption, 34,728 tobacco-related deaths, and 804 deaths due to illicit drug use.

◆ Deaths related to alcohol and illicit drugs occur in Alberta at a similar rate to that experienced in the rest of Canada. However, tobacco-related deaths are lower in Alberta than elsewhere in the country. Specifically, there were 3,092 deaths in Alberta attributable to substance abuse in 1992; 666 deaths as a result of alcohol consumption, 2,344 tobacco-related deaths, and 82 deaths due to illicit drug use. Combined, this represented 21% of total mortality in Alberta for 1992.

◆ In Alberta, as in the rest of Canada, motor vehicle accidents are the leading cause of alcohol-related mortality. Lung cancer, followed by chronic obstructive pulmonary disease and heart disease, contributes the most to tobacco-related mortality. The majority of illicit drug deaths result from suicide and drug poisoning.

◆ In 1995, the Alberta Medical Examiner reported 171 overdose and other deaths where alcohol or other drugs were the underlying cause.

What are the economic costs of substance abuse?

◆ A 1992 study by the Canadian Centre on Substance Abuse estimated that alcohol, other drugs and tobacco cost Canadian society more than \$18.4 billion (or \$649 per person). Alcohol abuse accounted for more than \$7.5 billion (\$265 per person) of all costs; tobacco use for more than \$9.6 billion (\$340 per person); and illicit drug use was estimated at \$1.37 billion (\$48 per person).

SOCIAL COSTS OF SUBSTANCE ABUSE

◆ In Alberta in 1992, substance abuse cost more than \$1.6 billion, or \$613 per person. Alcohol abuse accounted for \$749 million (\$285 per person) of the total cost; tobacco use was estimated at \$728 million (\$277 per person); and illicit drug use accounted for \$135 million (\$51 per person) of the total cost.

What types of costs are associated with workplace substance abuse?

◆ According to a 1991 study, workplace substance abuse costs the Alberta economy about \$400 million per year. The most significant costs identified by employers were loss of valued customers/clients due to a reduction in the quality of a product or service, and lost production from absenteeism or work slowdowns due to employee alcohol or other drug problems.

◆ Other costs associated with workplace substance abuse are the costs of providing employee assistance programs (EAPs) and other programs devoted to addressing substance abuse. The CCSA study estimated that employee assistance and health programs in the workplace cost over one million dollars in Alberta in 1992.

◆ In 1991, over 60,000 (5.2%) Alberta employees reported using alcohol at work. Alcohol problems in the work force result in lower productivity, absenteeism, accidents at work, and lower work morale.

How many hospitalizations are related to substance abuse?

◆ The exact prevalence of substance-related problems among hospitalized patients is difficult to establish, and is generally underestimated in most studies. Prevalence rates will vary among hospitals and across wards within hospitals.

◆ In 1995/96, hospital separations (people who leave hospital alive or dead) for alcohol, tobacco and illicit drug use totalled 279,815 in Canada. The majority of separations (191,922) were for tobacco-related illnesses.

◆ In 1996/97, there were 5,732 separations from active care and psychiatric hospitals in Alberta for alcohol-related (primary and secondary diagnosis) disorders, 6,887 separations for tobacco-related diagnoses, and 6,200 separations for drug-related diagnoses.

How does substance abuse affect legal costs and crime?

◆ The 1996 CCSA study estimated that total law enforcement costs (including policing, courts, and prison) due to alcohol were over \$111 million in Alberta in 1992. For illicit drugs, total law enforcement costs were estimated at about \$30 million.

◆ It is widely believed among police officials that a large proportion of crime is associated with the use of alcohol and other drugs. For crimes such as impaired driving, violation of provincial liquor regulations, and the possession, importation and trafficking of drugs, there is a clear link to substance use. For other criminal behaviours (e.g., theft, assault, homicide) the role that alcohol or drug abuse plays is more difficult to determine.

◆ In 1999, Canadian police forces reported a 5% decrease in crime rates; the eighth consecutive annual decline. Since 1993, one of the only increases in crime rates recorded has been the rate of drug offences, rising 32% over this time period.

◆ A substantial amount of family violence is perpetrated in the absence of substance use. The majority of people who assault their partners do not have a drinking or drug problem. At the same time, Canadian justice statistics show that periodic heavy drinking is associated with elevated rates of spousal violence. Specifically, rates of spousal violence were found to be six times higher for people whose partners drank heavily when compared to those whose partners drank moderately or not at all.

◆ Canadian justice statistics also show that women (43%) are more likely to report that their partners had been drinking at the time of a violent incident than are men (25%) who have been victims of spousal violence.

SOCIAL COSTS OF SUBSTANCE ABUSE

- ◆ Police do not always record substance use when investigating incidents of family violence. When Alberta police recorded substance use in 1999, 33% of all incidents of family violence involved alcohol.
- ◆ Some research has found a higher level of alcohol and drug use among victims of violence compared to the general population. For example, a 1994 national survey of 12,300 Canadian women found that over 25% of ever-married women who lived with violence reported using alcohol, drugs or medication to help them cope with their situation.
- ◆ In Canada between 1979 and 1998, abuse of alcohol or other drugs was a factor in 39% of spousal homicides. Alcohol had been consumed by an accused wife in 59% of cases and by an accused husband in 30% of cases. As well, more than half of Canadian men and women accused of killing someone other than a spouse had consumed alcohol, other drugs or both at the time of the offence.
- ◆ In 1995, among Albertans who drank, 28% had been physically assaulted and 13% had been sexually assaulted by someone who had been drinking.
- ◆ A study of University of Alberta students indicated drug or alcohol involvement in almost half of reported sexual assaults in 1992. In 44% of the reported cases, the perpetrator had consumed alcohol or other drugs. A similar proportion (40%) of cases showed that the victim had consumed alcohol or other drugs.
- ◆ In 1997, 85,611 offences related to alcohol and other drugs were reported in Alberta. The majority were for liquor act violations (35%), assault (32%), and impaired driving (16%). Overall, six per cent were offences related to drugs other than alcohol.
- ◆ In 1997, Alberta had the fourth highest number of reported thefts/losses in the country for narcotics and controlled drugs, and the third highest number of prescription forgeries for opiates, stimulants, hypnotics and other drugs.

- ◆ In Alberta in 1996, 17% of provincial inmates were incarcerated for drug offences, the highest proportion among provinces and territories.

What other costs are associated with substance abuse?

- ◆ Other social and economic costs associated with substance abuse arise for individuals and the communities in which they live. For example, substance use is a factor in many cases of suicide, long-term illness, property damage and injury.
- ◆ In 1995, 16% (74) of the suicides in Alberta were related to use of alcohol or other drugs.
- ◆ Six per cent of known AIDS cases in Alberta are attributable to exposure via injection drug use. Of 173 positive HIV tests reported in Alberta in 1999, 39% were attributable to injection drug use (see the AIDS section of *Quick Facts*).
- ◆ Injection drug use is also the primary risk factor for hepatitis C. Estimates indicate that there are 6,500 new hepatitis C infections in Canada each year, of which an estimated 60 to 90 per cent are due to injection drug use. In Alberta, current estimates suggest that about 75% of injection drug users are infected with hepatitis C.
- ◆ Alcohol use during pregnancy can result in alcohol-related birth defects, which have enormous implications in terms of illness and lifelong disability. Estimates from other Canadian provinces suggest the rate of FAS/FAE may be as high as 0.589 per 1,000 births, and that the incidence may be even higher among Aboriginal children.
- ◆ Alcohol-related fire damage was estimated at over \$2 million, and tobacco-related fire damage at over \$1 million in Alberta in 1992.
- ◆ People who abuse alcohol tend to be at relatively high risk of injury. In 1996/97, 24% of Canadians aged 12 and older who drank heavily reported a serious injury in the previous year.

CANNABIS

- ◆ Marijuana, hashish and hashish oil are obtained from a plant called *Cannabis sativa*. The major active chemical ingredient in cannabis is THC (delta-9-tetrahydrocannabinol).

- ◆ Cannabis is a psychoactive (mind-altering) drug. It can alter perceptions, moods and sensations.

What are the short-term effects of cannabis use?

- ◆ The three major areas of functioning that are affected by cannabis use are the central nervous system, the cardiovascular system and psychological functioning.

- ◆ Effects on the nervous system include: impairment of intellectual functioning, short-term memory and learning ability.

- ◆ Physical coordination and the performance of complex visual tasks also become impaired. In amounts commonly used, cannabis can impair a person's ability to engage in activities such as driving a car, operating machinery or flying a plane. When cannabis is used at the same time as other drugs like alcohol, greater impairment occurs.

- ◆ Effects on the cardiovascular system include increased heart rate and changes in blood pressure.

- ◆ Effects on psychological functioning include feelings that range from well-being and exhilaration to anxiety and fear. In some cases, panic and disorientation may occur. Among individuals with a personal or family history of psychosis, cannabis use can increase the risk of psychotic symptoms.

What are the long-term effects of cannabis use?

- ◆ Long-term effects of cannabis use are still under investigation. Dangerous effects seem to be associated mostly with heavy, chronic use.

- ◆ Marijuana smoke contains many of the same irritants that are found in tobacco smoke. As with tobacco, smoking marijuana over the long term will damage the lungs. Chronic marijuana smoking can cause the sinuses and bronchial tubes to become inflamed and contribute to respiratory diseases such as chronic bronchitis.
- ◆ Although there is no conclusive proof that marijuana causes lung cancer, there is growing evidence that it does. Also, current research suggests that when both tobacco and marijuana are smoked, there is a greater potential to produce cancer than with either substance alone.
- ◆ Both psychological and physical dependence can occur with regular use. When heavy users stop taking the drug, they often experience withdrawal symptoms, which include irritability, sweating, tremor, upset stomach and diarrhea.
- ◆ Habitual use can also precipitate or worsen symptoms of mental illness or emotional problems.
- ◆ Chronic, heavy use may involve decreased motivation and interest, as well as difficulties with memory and concentration. In turn, this results in a decline in work performance noticed in adults as under-achievement, and in adolescents as lowered educational achievement.
- ◆ Cannabis use during pregnancy can cause premature birth, low birth weight, and mild withdrawal symptoms in the newborn. Children exposed prenatally to cannabis may develop behaviour and learning problems as they get older.

How many people use cannabis?

- ◆ Cannabis is the most popular illicit drug used in Canada and in Alberta. The rate of cannabis use has remained relatively stable since the mid 1990s, although there are recent indications that use is increasing among young people.
- ◆ In 1997, 10% of adult Albertans (aged 18 or older) reported using cannabis one or more times in the previous 12 months, and 3% were frequent users (one or more times per week).

CANNABIS

- ◆ Among Alberta adolescents (12 to 17 years) surveyed in 1995, 16% reported using cannabis one or more times in the previous 12 months, and 4% were frequent users (one or more times per week).

What is the law in Canada concerning cannabis?

- ◆ Under Canada's Controlled Drugs and Substances Act, possession, production, trafficking, importing and exporting of cannabis can result in fines and prison sentences up to life imprisonment. Conviction results in a criminal record.

How many drug offences are cannabis-related?

- ◆ In 1999, there were a total of 79,871 drug offences in Canada; 75% were cannabis-related offences.
- ◆ In 1999, there were 5,800 drug offences recorded in Alberta, and 67% were cannabis-related.
- ◆ In 1999, Canadian police forces seized 30,740 kg of marijuana (excluding plants), hash, and hash oil. The RCMP estimates that police departments seized approximately one million marijuana plants across the country.

What is AADAC's policy concerning cannabis?

- ◆ AADAC recognizes that the use of illicit substances (including cannabis) adversely affects the health and well-being of many Albertans.
- ◆ AADAC supports all reasonable efforts to discourage the consumption of these substances, including actions to minimize the harmful consequences to individuals and society, provided these efforts do not create more serious problems than the actual use of the drugs.

TOBACCO

What is in a cigarette?

- ◆ The smoke produced when tobacco is burned contains over 4,000 different chemicals, 50 of which are cancer-producing agents called carcinogens.
- ◆ Carbon monoxide absorbed from smoking a single cigarette stays in the bloodstream for up to six hours. This forces the heart to work harder trying to supply the body with enough oxygen.
- ◆ Nicotine is one of the principle ingredients in tobacco and is classified as a drug. It is a stimulant that causes the heartbeat and blood pressure to increase. Nicotine is a highly addictive drug; withdrawal symptoms are a major reason it is so difficult to quit smoking.
- ◆ Tar consists of solid particles from cigarette smoke. It interferes with the normal exchange of oxygen and carbon dioxide in the lungs, and contributes to shortness of breath. Continued exposure to tar increases the risk of developing lung cancer.
- ◆ Light cigarettes deliver as much tar, nicotine and carbon monoxide as regular cigarettes, much more than manufacturers claim. Recent evidence reveals that there is no difference in the risk of heart disease from smoking light or regular cigarettes.
- ◆ Clove cigarettes, containing 30 to 40% cloves and 60 to 70% tobacco, contain almost twice the tar and nicotine of ordinary cigarettes. They can cause allergic and toxic reactions, lung congestion, asthma and chest pain.

What are the short-term effects of smoking tobacco?

- ◆ Smoking tobacco produces feelings of pleasure, stimulation and relaxation. It causes increased heartbeat, blood pressure and blood sugar.
- ◆ New users can experience coughing, dizziness, and a dry, irritated throat.

TOBACCO

- ◆ Inhaled smoke irritates the air tubes and air sacs. Harmful chemicals enter the bloodstream through the lungs.

What are the long-term effects of smoking tobacco?

- ◆ Long-term effects of tobacco use include heart disease, strokes, emphysema, chronic bronchitis, and aneurysms.
- ◆ Smoking causes cancers of the lung, throat, stomach, bladder, kidney and pancreas. It is estimated that more than 30% of all cancer, and 85% of lung cancer results from cigarette smoking.
- ◆ Nicotine is a highly addictive drug. Heavy smokers have great difficulty stopping use. Withdrawal symptoms include irritability, craving, thinking and attention problems, sleep disturbance and increased appetite. Research suggests there is a strong association between age of onset of smoking and nicotine dependence. Individuals who begin smoking when they are teens, especially very young teens, tend to be more dependent than persons who start smoking after age 20.

What are the fetal effects of smoking tobacco?

- ◆ Newborn babies of mothers who smoked while pregnant often have low birth weight, are shorter in length, and have a small head circumference. Some studies link smoking during pregnancy with miscarriage and stillbirths. Some research also suggests that smoking during pregnancy can lead to the child having learning and behaviour problems.

What is environmental tobacco smoke (second-hand smoke)?

- ◆ Environmental tobacco smoke is tobacco smoke in the air, composed of mainstream smoke (smoke exhaled by the smoker) and sidestream smoke.

◆ Sidestream smoke is smoke released into the air by a burning cigarette or other tobacco product. Sidestream smoke accounts for 85% of tobacco smoke in the environment.

What is passive or involuntary smoking?

◆ Passive or involuntary smoking occurs when non-smokers are exposed to environmental tobacco smoke.

What are the risks associated with passive smoking?

◆ Passive smoking increases the risk of developing lung cancer and heart disease in non-smokers.

◆ Compared with the general population, non-smoking spouses of smokers have two to three times the risk of developing lung cancer.

◆ More than 300 non-smokers in Canada die each year from lung cancer caused by exposure to environmental tobacco smoke.

◆ Children whose parents (particularly their mothers) smoke are more likely to have bronchitis, pneumonia, ear infections, and asthma attacks than children of non-smoking parents. Their risk of dying from sudden infant death syndrome (SIDS) is also increased.

◆ Exposure to environmental tobacco smoke has been linked to low birth weight, which is linked to increased risk of respiratory illness.

How many deaths are related to smoking tobacco?

In 1995, there were 34,728 tobacco-related deaths in Canada representing 16% of total mortality from any cause.

In Alberta there were 2,344 tobacco-related deaths in 1992. This represents 35,531 potential years of life lost as a result of tobacco use.

TOBACCO

What is the trend in tobacco use?

◆ TABLE 2: PROPORTION OF CANADIANS WHO SMOKE

AGE GROUP	MEN					WOMEN				
	1998-9	1996-7	1994-5	1991	1985	1998-9	1996-7	1994-5	1991	1985
15-19	23%	28%	28%	20%	26%	32%	31%	30%	26%	28%
20-24	38%	38%	33%	44%	39%	36%	31%	38%	35%	45%
25-44	34%	36%	39%	37%	43%	31%	31%	34%	34%	35%
45-64	27%	29%	32%	29%	38%	24%	24%	25%	31%	33%
65+	15%	17%	17%	18%	26%	12%	13%	13%	15%	17%
Overall	29%	31%	33%	32%	37%	26%	26%	28%	30%	32%

◆ Smoking among older adults has continued to decline over the past decade, while the proportion of young people who smoke, particularly young women, has shown an increase.

◆ Results from the 1996 General Social Survey by Statistics Canada show that young females in Alberta are among the heaviest smokers in Canada. Approximately 191,000 Alberta women (aged 15 to 24) were daily or occasional smokers. The proportion of females in this age group who smoke increased to 48% in 1996, from 31% in 1994 and 29% in 1990.

◆ Among adult Albertans (18 years and older) surveyed in 1997, 39% reported using tobacco products (including cigarettes, cigars, chewing tobacco, and pipe tobacco) one or more times in the previous 12 months; 33% used tobacco products daily.

◆ In 1996, 30% of Alberta adolescents (12 to 17 years) reported using tobacco products one or more times in the previous year, and 17% were daily users.

COCAINE

What is cocaine?

◆ Cocaine is a powerful central nervous system stimulant. It is prepared from the leaves of the *Erythroxylum coca* bush found primarily in South America. After coca paste is extracted from the leaves, it is purified to produce an odourless, white crystalline powder called cocaine hydrochloride. Often the white crystalline powder is diluted with sugar, cornstarch, talcum powder, etc.

How is cocaine used?

- ◆ Cocaine is often sniffed or snorted through the nostrils, where it is absorbed through the mucous membrane of the upper respiratory tract.
- ◆ Other methods of use include smoking or injecting.

What are freebase and crack cocaine?

- ◆ Freebase cocaine is cocaine that has been chemically treated, through an extraction process using flammable solvents, to remove the hydrochloride portion of the cocaine. The resulting freebase vaporizes more readily than regular cocaine and can therefore be smoked.
- ◆ Crack is a freebase form of smokable cocaine. It is made by adding baking soda to cocaine and heating the mixture. The dried residue forms clumps known as crack or rock, which are then smoked.

What are the short-term effects of cocaine use?

- ◆ Short-term effects of cocaine use include increased alertness and high energy, euphoria followed by agitation and anxiety, decreased appetite, exaggerated reflexes and pupil dilation.
- ◆ Additional effects include increased blood pressure, rapid heartbeat and breathing, sweating and pallor.
- ◆ At higher doses, users may experience rapid, weak pulse, shallow breathing, erratic or violent behaviour, tremors, twitching, hallucinations, chest pain or pressure, blurred vision, fever, nausea and

COCAINE

vomiting, muscle spasms, convulsions and death. Heart attacks, seizures, headaches, and strokes can also result from cocaine use.

What are the long-term effects of cocaine use?

- ◆ Chronic cocaine use may lead to agitation, excitability, depression, mood swings, and hypersensitivity to sensory stimuli, sometimes resulting in hallucinations. Other effects include sleep disorders, eating disorders and sexual dysfunction.
- ◆ If used during pregnancy, cocaine can cause complications such as spontaneous abortions. Heavy use during pregnancy is associated with reduced fetal weight, and an increased rate of miscarriage, premature birth, stillbirth and malformation. Infants of mothers who used cocaine during pregnancy may exhibit irritability, poor feeding and disturbed sleep for days or weeks after birth.
- ◆ Users who inhale cocaine may destroy tissue in the nose. Those who smoke it can develop respiratory problems. Individuals who inject cocaine, especially those who share injecting equipment, are at risk for bacterial and viral infections including hepatitis and HIV (the virus that causes AIDS).
- ◆ Chronic, heavy cocaine use can cause severe psychiatric disorders such as paranoid psychosis. At first, users feel good (euphoria). With continued use, they can begin to feel increasingly uncomfortable (dysphoria), and finally become very suspicious and lose contact with reality (paranoid psychosis).

Is crack more dangerous than powdered cocaine?

- ◆ When smoked, crack reaches the brain very rapidly. The sharp rise in cocaine blood levels from crack could put the user at increasingly greater risk for acute toxic overdose reactions including seizures, high blood pressure, heart attack and stroke.

Is cocaine addicting?

- ◆ Studies indicate that cocaine is physically and psychologically addicting. The craving for the drug experienced by regular users is thought to be due to physiological changes in brain chemistry brought on by the drug. This craving makes it very difficult for users to stop using cocaine.
- ◆ Crack is probably as addictive as intravenously injected cocaine, which causes similar effects. However, when crack is smoked, it reaches the brain very rapidly and produces a dramatic but short-lasting euphoria, followed by an extreme low ("crash"). This sequence favours repeated use of the drug, which can quite quickly result in addiction. Another difference from regular cocaine is that crack is sold in smaller, less expensive amounts, so it is available to more users.

How many people use cocaine?

- ◆ Findings from Canada's Alcohol and Other Drug Survey (1994) indicated that 3.8% of Canadians (15 years and older) had used cocaine at least once in their lives, and 0.7% were current users (used one or more times during the previous year).
- ◆ The same survey reported that use of cocaine was higher in Alberta; 5.2% of Albertans (aged 15 or older) had used cocaine at least once in their lifetime, and 1.3% were current users.
- ◆ In 1997, 1% of adult Albertans (18 years and older) said they had used cocaine/crack one or more times in the previous 12 months.

How many drug offences are cocaine-related?

- ◆ In 1999 there were 11,930 cocaine-related drug offences in Canada. This represents 15% of total drug-related* offences for that year.
- ◆ In 1999, 1,295 drug offences in Alberta were cocaine-related, representing 22% of all drug-related offences* in the province.
- ◆ In 1999, Canadian police forces seized 1,116 kg of cocaine.

* excludes alcohol-related offences.

CAFFEINE

What is caffeine?

◆ In its pure form, caffeine is a white, crystalline powder. It is found in coffee beans, tea leaves, cocoa leaves and kola nuts. It is one of the most widely used drugs in the world.

How much caffeine do various products contain?

◆ Depending on the strength, a cup of percolated or brewed coffee contains between 40 and 180 mg of caffeine. Instant coffee ranges from 30 to 100 mg of caffeine per cup.

◆ Again depending on strength, a cup of tea contains between 10 and 90 mg of caffeine.

◆ Most cola drinks contain (per 12-oz, or 355-ml, can) 30 to 40 mg of caffeine.

◆ A typical chocolate bar contains 20 to 25 mg of caffeine.

◆ Coffee-flavoured ice cream or yogurt may contain as little as 5 mg and as much as 100 mg of caffeine per serving.

◆ Stay-awake pills contain 100 to 250 mg of caffeine.

◆ The amount in headache and cold medicines varies; the amount is indicated on the product label.

◆ Over-the-counter medications containing caffeine include: Anacin®, 222s®, Atasol-8®, Dristan®, Instantine®, Tylenol #1®, Excedrin®.

What are the short-term effects of caffeine use?

◆ Caffeine is a stimulant. Short-term effects include mild mood elevation, increased sensory awareness and alertness, and postponement of drowsiness.

◆ Other effects include increased blood pressure, metabolic rate, urination, and body temperature; shortened sleep; decreased appetite; constriction of cerebral blood vessels; and stimulation of cardiac muscles and respiration.

How much caffeine is too much?

◆ Daily use in low doses of up to 300 mg (about three to four cups of coffee) in otherwise healthy adults does not appear to produce negative effects.

◆ High doses of 600 mg or more (the equivalent of six to eight cups of coffee) can produce: chronic insomnia, anxiety, depression, gastrointestinal irritation and rapid irregular heartbeat. Some people experience these unpleasant effects at lower doses.

◆ Caffeine has been shown to affect the body's calcium balance, reducing bone density and increasing the risk of osteoporosis.

◆ Although caffeine has not been proven to cause birth defects, pregnant women are advised to consume as little as possible. A growing body of evidence suggests caffeine can make it harder for women to get pregnant, increases the risk of miscarriage, and slows fetal growth. Heavy use of caffeine has been linked to birth problems.

SOLVENTS/ INHALANTS

What types of products contain solvents or inhalants that are abused?

◆ Many industrial, commercial and household products contain solvents that are commonly abused. They include: gasoline, some types of glue and household cements, cleaning and lighter fluid, nail polish remover, paint, lacquer and varnish thinner, and some household cleaners.

What are the short-term effects of solvent or inhalant use?

◆ Early effects may include euphoria, dizziness, numbness, and weightlessness, followed by decreased motor coordination, muscle weakness, slowed reflexes, impaired judgement, visual disturbances and ringing in the ears. Bizarre behaviour, perceptual distortions and severe depression may occur.

◆ Other effects include increased heart rate, irregular heartbeat, headache, sneezing, coughing, nasal inflammation, respiratory depression, nausea, vomiting and diarrhea.

◆ A prolonged period of inhalation can result in coma or seizures. Reduced oxygen supply to the brain can cause unconsciousness and brain damage.

What are the long-term effects of solvent or inhalant use?

◆ Many chronic solvent users have experienced psychological problems including apathy, mood swings, depression and paranoid thinking. There is increasing evidence that brain damage occurs with continued heavy use.

◆ Other effects may include blood abnormalities and damage to the liver, kidneys, lungs, and heart.

◆ Children born to inhalant abusing mothers may have growth and development problems.

Can solvent or inhalant use be fatal?

- ◆ One cause of death among solvent users is "sudden sniffing death." Death results from heart failure brought about by severely irregular heartbeat, usually associated with some stress or vigorous activity after inhaling the solvent.
- ◆ A plastic bag is often used to inhale the substance. If a user lapses into sleep or unconsciousness while a bag remains over the nose and mouth, there is a substantial risk of death from suffocation.
- ◆ Accidental or intentional overdose of solvents has resulted in a number of deaths.

Who uses solvents or inhalants?

- ◆ In Canada, solvent abuse occurs all across the country, in various ethnic and socio-economic groups, and in both urban and rural areas. Most commonly, users are young, between the ages of eight and 16, although some heavy users are older.
- ◆ In 1994, less than 1% of Canadians and less than 0.5% of Albertans (15 or older) reported using solvents in the previous year.
- ◆ A 1995 survey of 12- to 17-year-olds in Alberta found that less than 1% used glue or solvents in the previous 12 months.
- ◆ Most young people who use solvents do so only on an occasional or experimental basis. Heavy users are often socially disadvantaged, do poorly in school, and come from unstable home environments.

What is methyl alcohol?

- ◆ Methyl alcohol is a very dangerous poison and cannot be made safe to drink. Some people may try to get high using products that contain this poisonous substance. However, they are poisoning themselves without getting the high they seek.

SOLVENTS/ INHALANTS

- ◆ Drinking an ounce or less of methyl alcohol can cause blindness, nerve damage, coma, convulsions and death from respiratory arrest.
- ◆ Methyl alcohol (methyl hydrate, wood alcohol) is used chiefly as an industrial solvent. Common household products that contain methyl alcohol include paint removers, antifreeze and liquid fuel.

OTHER DRUGS

What are amphetamines?

- ◆ Amphetamines are stimulant drugs that speed up the central nervous system. They produce short-term effects such as feelings of well-being, increased alertness and energy, and increases in heart rate and breathing rate. They can also cause shakiness, sweating, anxiety, headache, blurred vision, dizziness, irregular heartbeat and chest pain. Some users experience feelings of power and superiority. Some become hostile and aggressive.
- ◆ Overdose can cause delusions, hallucinations, high fever, delirium, seizures, coma, stroke, heart failure and death. Use with alcohol and other drugs is especially dangerous.
- ◆ Long-term effects may include sleep disturbances, anxiety, appetite suppression and high blood pressure. Some users become paranoid and violent.
- ◆ Chronic use results in physical dependence and withdrawal symptoms when the drug is stopped. Psychological dependence can occur even among regular low-dose users.
- ◆ There are some reports that newborn infants of mothers who use amphetamines have had withdrawal symptoms.
- ◆ In 1996/97, less than 1% of Albertans 15 or older reported the use of amphetamines or diet pills in the previous month.

What are tranquillizers?

- ◆ Tranquillizers are depressant drugs that slow down the central nervous system. They affect the body in a way that is similar to the effects of other depressants such as alcohol, solvents and barbiturates.
- Some common examples of tranquillizers used to relieve anxiety include: Valium®(diazepam), Vivol®, Librax®, Ativan® and Serax®.
- ◆ Effects of tranquillizers vary with the particular drug, the dose and how it is taken. Small doses produce a feeling of well-being and calm, loss of inhibition, relaxed muscle tension, reduced mental alertness

OTHER DRUGS

and mildly impaired coordination and balance. Larger doses will probably cause people to appear intoxicated and to become drowsy and fall asleep. Driving motor vehicles and operating machinery should be avoided when taking tranquilizers. Long-term effects include irritability, nausea, headache, skin rash, weight gain, impaired thinking, memory and judgment.

- ◆ Tolerance develops with regular use, making increased doses necessary to produce the desired effect. Psychological and physical dependence can also occur. Withdrawal symptoms include sleeplessness, sweating, stomach cramps, agitation, tremors, delirium, convulsions and even death.

- ◆ In 1996/97, 2.7% of Canadians and 1.9% of Albertans (15 and older) reported the use of tranquilizers in the previous month.

What are barbiturates?

- ◆ Barbiturates are a group of central nervous system depressant drugs prescribed for sleeping and anxiety problems. Low doses of these drugs produce relaxation and mildly impaired cognitive and motor functioning. At high doses, effects range from severe impairment and intoxication to anaesthesia, unconsciousness and respiratory arrest.

- Examples include Nembutal® and Amytal®.

- ◆ When abused, barbiturates are highly dangerous. Tolerance occurs rapidly, so higher doses are needed to maintain desired effects. Higher doses can lead to risk of death from overdose. If the user stops using the drug suddenly, they can experience severe withdrawal symptoms.

- ◆ There are reports of newborns undergoing withdrawal when their mothers have been using barbiturates. When Amytal® is used during early pregnancy, there is increased risk that the baby will have heart and blood vessel problems, genitourinary malformation, club foot and hernia.

What are steroids?

- ◆ Anabolic steroids are a group of drugs similar to the male hormone testosterone.
- ◆ Short-term effects of anabolic steroid use include increased muscle bulk and strength, and masculinization of both sexes. Women who use steroids can experience increased body and facial hair and menstrual irregularity. Men can experience testicular shrinking and impotence. Adolescents using anabolic steroids may have their growth prematurely and permanently stunted.
- ◆ Steroids are most often used by athletes wanting to improve their performance, especially in sports requiring strength and power. Increasingly, they are also used by adolescents and young adults, especially males, who want to "improve" their physical appearance.
- ◆ The use of steroids in Alberta is similar to the national average. In 1996/97, 1% of Albertans (15 or older) reported using steroids in the month preceding the survey.
- ◆ A 1993 school survey of drug use in sports showed that 2.8% of Canadians 12 to 18 years, and 3.6% of Alberta youth had used steroids in the previous 12 months.

What is ecstasy (MDMA)?

- ◆ Ecstasy is a drug that is structurally related to amphetamines or stimulants, but also has some hallucinogenic properties. Its chemical name is 3,4-methylenedioxymethamphetamine or in short form, MDMA. It is known as a "designer drug" produced in underground laboratories.
- ◆ Ecstasy can produce mild intoxication, a sense of pleasure, and euphoria. As with stimulant use, users may feel full of energy and confidence. They have enhanced feelings of empathy, and enhanced pleasurable tactile sensations (they enjoy hugging others and touching soft objects like feather boas). As well, ecstasy may cause sweating,

OTHER DRUGS

increased blood pressure and heart rate, nausea, grinding of the teeth and jaw pain, anxiety attacks, blurred vision, and vomiting. Strong negative effects may last for days or weeks from relatively small doses. These include depression, confusion, panic, insomnia, and convulsions.

- ◆ There is some evidence that use of ecstasy may cause long-term depletion of serotonin (a neurotransmitter associated with mood; lack of serotonin is associated with depression) and long-term impairment of memory.

- ◆ Use of ecstasy has been associated internationally with the youth dance culture that features loud repetitive electronic music, especially at "raves," dance parties typically held in abandoned warehouses or outdoor locations that can hold large numbers of people, but also at privately-owned dance clubs. There have been some deaths associated with ecstasy use at raves and clubs. The combination of exertion from dancing, heat, heavy sweating, and lowered fluid intake has resulted in dehydration, hyperthermia, and subsequent death.

- ◆ Between 1993 and 1999, the use of ecstasy increased among Ontario students (Grades 7 to 13); from 0.6% to 4.8% reporting use in the 12 months before the survey.

- ◆ Other drugs are sometimes also sold as ecstasy. These include drugs that have a similar effect to ecstasy, such as MDA (methylenedioxymphetamine) and PMA (paramethoxyamphetamine). PMA has milder pleasant effects, but has a much stronger hyperthermic (overheating) effect. Several deaths have been associated with PMA.

What is LSD?

- ◆ Lysergic acid diethylamide (LSD) is the most powerful of the known hallucinogens. Even in very small doses, its effects include changes in perception, mood and thought. Hallucinations and perceptions of the senses can meld together. Users may experience a sense of wonder and joy, or they may feel anxious and fearful. In some cases, psychotic episodes can occur. These are characterized by bizarre behaviour, delusions, terror and hallucinations.

◆ Tolerance to LSD develops quickly, so that with consecutive daily doses, no amount of the drug can produce desired effects. Only after a period of abstinence of three to four days does sensitivity return. Physical dependence on LSD does not appear to occur. Some users may become psychologically dependent.

◆ In 1994, 1.0% of Albertans (15 or older) surveyed reported using LSD during the previous year.

◆ In 1999, Canadian police forces seized 9,852 doses of LSD. The RCMP believes the popularity and use of LSD is waning across the country in favour of MDMA (ecstasy).

What is heroin?

◆ Heroin is a depressant drug produced by chemically modifying morphine, which comes from the opium poppy. It is classified as an opioid or narcotic analgesic.

◆ Heroin can be sniffed, smoked or swallowed, but is often injected intravenously.

◆ The effects of heroin use include euphoria, tranquillity, numbness and pain relief. These are often accompanied by decreased physical activity, inability to concentrate, apathy, droopy eyelids and reduced vision.

◆ Serious negative consequences are often related to the lifestyle of the user and factors relating to intravenous drug administration. For example, users who can't afford their addiction may turn to crime (e.g. drug offences, theft). Other lifestyle factors include malnutrition, poor housing, untreated illnesses, and frequent use of other drugs, all of which result in a generally poor state of health and lowered resistance to infection.

◆ Heroin users commonly develop bacterial infections and collapsed veins resulting from repeated injections. The combination of lowered resistance and injection drug use increases the risk of contracting hepatitis, HIV and other infections (e.g. pneumonia, tuberculosis).

OTHER DRUGS

- ◆ Overdose is a common cause of death among heroin users. In the past few years, overdose deaths from heroin have increased in some Canadian cities (especially Vancouver) due to the lower cost of heroin and the high purity level of the drug (i.e. sometimes in excess of 90% purity on the streets).
- ◆ Tolerance develops rapidly, as do both physical and psychological dependence.
- ◆ Among Albertans aged 15 and older, less than 0.5% reported heroin use in 1994.

How many drug offences are heroin-related?

- ◆ In 1999, there were 1,321 heroin-related drug offences in Canada. This represents 2% of total drug-related offences for that year.
- ◆ There were a total of 73 heroin-related drug offences recorded in Alberta in 1999, representing 2% of all drug offences in the province.
- ◆ In 1999, Canadian police forces seized 88 kg of heroin.

What is methadone?

- ◆ Methadone is a synthetic narcotic analgesic and is currently used in the treatment of people dependent on other narcotic analgesics such as heroin.
- ◆ Methadone is a long-acting painkiller and its effects, risks and tolerance are similar to heroin.
- ◆ AADAC operates the Opiate Dependency Program, which helps people addicted to opioid drugs to establish a "normal" lifestyle through counselling, methadone maintenance and withdrawal, and other medical support.

PROBLEM GAMBLING

How many Albertans gamble?

- ◆ According to a 1998 study, 87% of adult Albertans (18 and older) are current gamblers. This compares to 90% who were current gamblers in 1994.
- ◆ The vast majority of Albertans who gamble do so responsibly. They gamble for entertainment or for social reasons and do not bet more than they can afford to lose.

What is problem gambling?

- ◆ Problem gambling refers to any form of gambling behaviour that adversely affects family, personal, or vocational pursuits. It includes gambling that causes occasional problems as well as gambling that results in ongoing serious consequences. It may have a number of negative consequences for players, their families and friends, and the communities they live in.
- ◆ Players who are problem gamblers can experience decreased initiative, interests narrowed to gambling, and reduced feelings of self-worth. Common emotional reactions include depression, outbursts of rage, and feelings of being out of control. Problem gamblers can experience loneliness and alienation from family and friends. Physical consequences include stress-related conditions such as insomnia, digestive problems, and back or neck pain. Problem gamblers also experience withdrawal symptoms such as disorientation and short attention span. Some experience shaking, nausea and vomiting due to stress.
- ◆ The effects of problem gambling on the family are interpersonal conflict, instability, separation or divorce, and disregard for the safety and care of any children. The problem gambler may neglect responsibilities at home, work, or school.
- ◆ For communities, problems related to gambling can include criminal activity and lost productivity in the workplace.

PROBLEM GAMBLING

How many problem gamblers are there in Alberta?

◆ In 1998, 83% of adult Albertans were social, non-problem gamblers and 13% said they did not gamble at all. Since 1994, the number of social, non-problem gamblers has decreased slightly (85%) whereas the number of non-gamblers has increased (10%).

◆ Among Alberta adults, 5% experience some problems related to their gambling. Based on the 1997 population figures for Alberta, this represents approximately 95,000 individuals who experience mild to more severe problems with gambling. Severe difficulties can include spending all the family savings and incurring immense gambling debts, loss of job, marital or family difficulties, criminal activities such as theft and embezzlement to finance gambling, and health problems such as depression.

◆ TABLE 3: PROBLEM GAMBLING PREVALENCE AMONG ADULT ALBERTANS (18 AND OLDER)

	1998	1994
Problem Gamblers	2.8%	4.0%
Probable Pathological Gamblers	2.0%	1.4%

◆ Among Aboriginal adults in Alberta, the prevalence of problem gambling is twice that of the general population.

How many teens in Alberta gamble?

◆ The prevalence of problem gambling among adolescents is higher than the adult rate in Alberta, and is among the highest reported in similar studies from elsewhere in Canada and the United States.

◆ In 1995, 67% of Alberta adolescents (12 to 17 years) surveyed reported gambling in the past year.

◆ Among teens who had gambled, 44% did not experience any problems, 15% were identified as being at risk for developing gambling problems, and 8% were considered problem gamblers.

What is the legal gambling age in Alberta?

- ◆ The legal age for gambling in Alberta is 18.

How many people have a problem with video lottery terminals (VLTs)?

- ◆ In 1998/99, there were 4,132 calls to the 1-800 Alberta Gambling Help Line from problem gamblers, friends or family of problem gamblers, and professionals seeking information. Fifty-three per cent (53%) of the calls concerned VLT gambling.
- ◆ In 1997/98, there were 3,100 clients with gambling or gambling and alcohol/drug issues admitted for treatment at AADAC and its Funded Agencies. More than two-thirds (67%) of clients cited VLTs as their most frequent gambling activity.

What are the warning signs of a gambling problem?

- ◆ Gambling problems can range from minor to severe. Here are some signs that a person may have a gambling problem:
 - *Spends large amount of time gambling.* This allows little time for family, friends or other interests.
 - *Begins to place larger, more frequent bets.* Larger bets are necessary to get the same level of excitement.
 - *Has growing debts.* The problem gambler is secretive or defensive about money, and may borrow from family members or friends.
 - *Pins hopes on the "big win."* The problem gambler believes the big win will solve financial and other problems.
 - *Promises to cut back on gambling.* The problem gambler is unable to reduce or stop gambling.
 - *Refuses to explain behaviour, or lies about it.* The problem gambler may be away from home or work for long periods of time, or make an unusually high number of personal telephone calls.

PROBLEM GAMBLING

- *Feels frequent highs and lows.* If unable to gamble, the problem gambler misses the thrill of the action and may be bad-tempered, withdrawn or restless. During a winning streak, the gambler is on a high.
- *Boasts about winning.* The problem gambler loves to relive a win but will make light of losses when others express their concern.
- *Prefers gambling to a special family occasion.* The problem gambler may arrive late or miss family events such as birthdays, school activities and other family events.
- *Seeks new places to gamble close to home and away.* The problem gambler may insist that evenings out or even family vacations are at places where gambling is available.

How much revenue does the Alberta government get from gambling?

- ◆ In 1999/00, Alberta government revenue from VLTs, ticket lotteries and slot machines was \$856 million. Most of the revenue (61%) came from VLTs.

AIDS

What is AIDS?

- ◆ AIDS (acquired immune deficiency syndrome) is a disease caused by a viral infection that weakens the immune system resulting in the development of life-threatening infections or cancers.
- ◆ AIDS is caused by the human immunodeficiency virus (HIV). The virus has been found in blood, semen, breast milk and urine. It has also been found in small amounts in saliva and tears and in other body fluids and tissues.
- ◆ AIDS is the later stage of HIV infection. During the early stage, patients may have no symptoms or they may develop less severe complications.

How is HIV transmitted?

- ◆ The virus is transmitted primarily through sexual contact, mainly by unprotected vaginal and anal intercourse.
- ◆ The virus is also transmitted through shared use of contaminated needles and syringes, particularly by injection drug users. Before the screening of the blood supply began in Canada in 1985, the virus was also transmitted through administration of infected blood products.
- ◆ The virus can also be transmitted from an infected mother to her newborn child.
- ◆ There is no evidence that HIV can be transmitted through ordinary social or occupational contact.

Who is at risk for contracting HIV infection?

- ◆ Sexually active homosexual and bisexual men continue to account for the majority of AIDS cases in Canada (40% in 1999). Individuals who use drugs by injection are a second primary risk group (22% of cases in 1999).

AIDS

- ◆ Heterosexual partners of infected persons and children born to infected mothers are also at high risk.
- ◆ The risk of transmission to health care professionals appears to be low, but the infectious nature of the syndrome does call for strict compliance with infectious disease control procedures.

How many AIDS cases have been reported?

- ◆ TABLE 4: PREVALENCE OF AIDS AS OF JUNE 2000

	CANADA	ALBERTA
Number of Cases	17,165	1,031
Number of Deaths	11,824	690

- ◆ The number of Canadians with AIDS is increasing in all regions in Canada. The rise is particularly pronounced among women and injection drug users. As well, known cases of AIDS have increased among federal inmates and among the Canadian Aboriginal population.

How can AIDS be treated?

- ◆ There is still no cure for AIDS. Vaccines to prevent HIV infection are currently being tested.
- ◆ Medical treatment of HIV infections includes: treatment with antiviral drugs, attempts to stimulate the immune system, antibiotic treatment of specific infections and anti-cancer treatment for cancers associated with AIDS.
- ◆ Supportive counselling, information and drug treatment programs are important components of treatment for persons with AIDS and those in high-risk groups.

TREATMENT AND PREVENTION OF SUBSTANCE ABUSE AND GAMBLING PROBLEMS

What is AADAC's treatment and prevention philosophy?

- ◆ AADAC is an addictions agency that operates from the general principle that the person, not just the substance or activity, is the most important element in substance use and gambling problems.
- ◆ AADAC's approach to the prevention and treatment of substance abuse and problem gambling primarily aims at reducing people's demand for alcohol, other drugs and gambling through developing individual competence and creating healthy families and communities.
- ◆ AADAC's mission is to assist Albertans to achieve a life free from the abuse of alcohol, other drugs and gambling.

How are AADAC services organized?

- ◆ AADAC provides a comprehensive network of services that include:
 - 23 AADAC area offices and three AADAC clinics that provide prevention and treatment services to individuals and families concerned about substance use and gambling
 - three detoxification centres that provide a safe environment for individuals to withdraw from alcohol or other drugs
 - three residential treatment facilities, including a Business and Industry Clinic, that provide specialized intensive programs within a protective and supportive environment
 - two youth treatment centres that provide specialized intensive day treatment programs for teens
- ◆ AADAC also funds 25 community agencies, which complement and extend this network by providing: detoxification, outpatient counselling, residential treatment, residential support (halfway house), adolescent treatment, overnight shelter, and community prevention and education programming.

TREATMENT AND PREVENTION OF SUBSTANCE ABUSE AND GAMBLING PROBLEMS

What services does AADAC offer?

◆ AADAC and AADAC Funded Agencies offer services in the following areas: community prevention and education, outpatient counselling and day treatment, crisis services, residential treatment, information services, and training.

TABLE 5: SUMMARY OF SERVICES FOR AADAC
AND ITS FUNDED AGENCIES 1998/99*

	TREATMENT ADMISSIONS	CRISIS SERVICES	CONTACTS	INFORMATION PRODUCTS
COMMUNITY OUTPATIENT AND PREVENTION SERVICES				
Prevention and education			165,385	
Training			17,721	
Outpatient counselling services	19,784			
Day treatment	1,634			
CRISIS SERVICES				
Detoxification	12,192			
Overnight shelter stays		98,448		
Gambling Help Line counselling		34,664		
RESIDENTIAL TREATMENT SERVICES				
Short-term residential	4,194			
Long-term residential	570			
TOTALS				
1998-99	38,374	133,112	183,106	n/a
1997-98	37,997	102,963	149,679	n/a
1996-97	35,613	87,807	158,974	548,858
1995-96	33,248	80,148	126,004	614,030

* Unless otherwise noted, statistics for adults and adolescents are combined in the report.

Source: AADAC service monitoring systems annual review working papers, July, 1998

What is Alcoholics Anonymous?

- ◆ Alcoholics Anonymous is a fellowship of people who meet to deal with alcoholism.
- ◆ The program consists of meetings at which members share experiences, and help each other to maintain sobriety.
- ◆ Alcoholics Anonymous is not associated with any other political, social or religious organization. It is supported through voluntary member contributions.

Is it helpful to force someone into treatment for alcohol, drug or gambling problems?

- ◆ Successful treatment requires co-operation of the client.
- ◆ More effective than forcing someone into treatment is helping them to realize the problems that alcohol, other drugs or gambling are causing in their lives, and the consequences that will result from continued substance abuse or problem gambling, such as loss of job, family or health.

Is abstinence the only answer to alcoholism?

- ◆ Traditionally, total abstinence was presumed a necessary condition for successful treatment of alcoholism, and for many it is still the most appropriate goal.
- ◆ More recent studies suggest that some people with alcohol problems, particularly those in the earlier stages, can successfully return to controlled social drinking.

FOR FURTHER INFORMATION

For further information, contact **your local AADAC office.**



